

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/590043**

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	(1)					
5	(1)					
6	(1)					
7	(1)					
8	(1)					
9	1					
10	(1)					
11	1					
12		1				
13		2				
14	(1)					
15	(1)					
16	(1)					
17	(1)					
18	(1)					
19	(1)					
20	(1)					
21	1					
22		1				
23		1				
24		3				
25	1					
26	(1)					
27	(1)					
28	(1)					
29	(1)					
30	1					
31	(1)					
32	1					
33	1					
34						
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48						
49						
50						
TOTAL IND.	8	↓	0	↓	0	↓
TOTAL DEP.	29	←	0	←	0	←
TOTAL CLAIMS	37		0		0	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	